STATEMENT OF

RECEIVE

2012 JUN 11 AM 9: 24

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FORM 1	FORM 1					TOTA DON LL AM 9: 2			
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1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ample: If typing, type r the lines.	12FE4M	5			
STUDENT	S, MC	THERS AND	CON	ICERNED C	ITIZEN	S, PAC			
L		SMACC, PA	\ <u></u>						
ADDRESS (number and street)		20 STONEWALL ROAD							
(Check if address is changed)		BYHAILIA MS 38611					J-L		
			CITY		STATE	ZIP C	ODE		
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only o	ne e-mail ad	ddress)					
(Check if		<u> </u>	1111			1111			
is change	2 0)		1111			- 			
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)							
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is change			1111		111	1111			
2. DATE Ö6	6 [™] ′ <u>.</u> 2	° ′ 2012							
3. FEC IDENTIFIC	CATION NU	MBER C	0042	124					
4. IS THIS STATE	MENT	NEW (N) OF	· [>	AMENDED (A)					
I certify that I have o	examined th	is Statement and to the	best of my	knowledge and belief it	is true, correc	ct and complete.			
Type or Print Name	of Treasurer	MARY WR	IGHT			····			
Signature of Treasure	er 🦪	My S		· · · · · · · · · · · · · · · · · · ·	Date Ö	5° ′ Ô2° ′	Ž01Ž *		
NOTE: Submission of	·	ous, or incomplete informa	-			•	2 U.S.C. §437g.		
Office Use Only				For turther information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FO			